



Last Updated: 03/09/2022

Commonwealth Coordinated Care (CCC) Waiver Quality Assurances Required for CCC EDCD Enrollees by the Center for Medicare and Medicaid Services – Effective December 1, 2014

The purpose of this memorandum is to provide information and clarification to providers in relation to the DMAS CCC CMS Waiver quality assurances and related Health Insurance Portability and Accountability Act (HIPAA) Privacy Act rules. First, it is important that providers understand that the HIPAA Privacy Rule permits the disclosure of health information needed to ensure proper treatment, payment, and care coordination, including sharing of information between providers and CCC contracted Medicare and Medicaid Plans (MMPs) for their CCC enrollees. In addition, in accordance with the contract between the MMP, DMAS, and the Center for Medicare and Medicaid Services (CMS), the MMPs have full authority to conduct CMS Waiver quality assurances for their CCC enrollees.

CCC, which began March 2014, blends Medicare and Medicaid services and financing to provide high-quality, person-centered care to Virginians who are dually eligible for Medicare and Medicaid. The three CCC contracted MMPs are Anthem Healthkeepers, Humana, and Virginia Premier. Enrollees in CCC no longer receive traditional Medicare or Medicaid services through the fee-for-service model. Instead, the CCC beneficiary has one health plan, with one ID card (see Attachment C for sample ID card), one number to call for assistance and a dedicated care manager to help coordinate all of his/her services.

One set of CCC eligible enrollees is DMAS EDCD Waiver individuals. The EDCD Waiver is one of the Medicaid Home and Community-Based Services (HCBS) waiver programs authorized under §1915(C) of the Social Security Act to provide care in the community rather than in a nursing facility. Under the EDCD Waiver, DMAS is required by CMS to meet a set of requirements known as the HCBS waiver assurances. These assurances were put in place by Congress to address the unique challenges of assuring the quality of services delivered to vulnerable EDCD Waiver individuals. There are six assurances, which are as follows: 1) Level of Care; 2) Service Plan; 3) Qualified Providers; 4) Health



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and Welfare; 5) Financial Accountability; and 6) Administrative Authority.

DMAS' Division of Long Term Care conducts quality management reviews for all EDCD Waiver individuals to ensure all CMS waiver assurances were met. Following the CCC implementation, DMAS authorized the CCC MMPs to conduct waiver quality management reviews under the supervision and monitoring of DMAS as part of the DMAS CMS waiver quality assurances. By directly conducting EDCD Waiver quality assurances, the MMPs will incorporate these assurances into their own Quality Management Program. This will enable them to monitor and ensure high quality services provided to individuals who receive EDCD Waiver services. For EDCD individuals who are enrolled in CCC and who receive EDCD Waiver services, MMPs will be responsible for conducting most of the CMS waiver quality assurances. MMPs are required by DMAS to follow all DMAS waiver

Medicaid
Memo:
Special
January
7, 2015

Page 2

quality assurances procedures and protocols. DMAS EDCD Waiver Providers, serving CCC MMP enrollees, may be randomly selected and reviewed by MMPs for CMS waiver quality assurances.

Beginning from October 2014, MMPs started to conduct CMS waiver assurances on their enrollees. DMAS and the MMPs coordinate site visits to avoid visiting the same provider more than once during the same calendar year for waiver quality assurance reviews. However, due to providers having multiple names and provider numbers some providers may be visited by both DMAS and a MMP in the same calendar year. A series of supervision, monitoring, and technical assurances have also been put in place by DMAS to ensure compliance with these CMS waiver quality assurances conducted by the MMPs.

ADDITIONAL INFORMATION ON THE CCC MMP WAIVER QUALITY ASSURANCES IN



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Please visit DMAS's Commonwealth Coordinated Care website at: http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx for additional information about the CCC MMP EDCD Waiver Quality Assurances in Virginia or e-mail question to Dualintegration@dmas.virginia.gov. Updates regarding the status of this Demonstration will be posted to the website on a regular basis.

Additional information and contacts from the MMPs please visit the Quick Provider Reference guide at: http://www.dmas.virginia.gov/Content_atchs/altc/CCC%20Reference%20Guide-%20FINAL.pdf



COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.



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MEDICAID MEMO

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-
of-state long distance 1-800-552-8627 All
other areas (in-state, toll-free long
distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.